

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Park
City _____ (No. _____)

Registration District No. 538
Primary Registration District No. 5729

File No. 23739

Registered No. 17 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Madison Co Mo St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Frances Hicks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-29-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 ✓ 15 +

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Matthew Hicks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mosha Newberry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14.

INFORMANT Mrs. Dora Hecker
(Address) Fredericktown Mo

15.

FILED 7/15 1933 S. C. Slaughter
By C. A. Schuman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1933

I HEREBY CERTIFY, That I attended deceased from June 21, 1933, to July 4, 1933
that I last saw him alive on June 23, 1933, and that death occurred, on the date stated above, at 15:45

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Gastritis
1931
1156 Nephritis (duration) 11 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Thorrey Barron M. D.

7/4 1933 (Address) Fredericktown Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

R. P. Cemetery, Farmington 7/5/1 1933

20. UNDERTAKER ADDRESS

J. C. Bond Fredericktown Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 28 1933

